
Hospital Presumptive Eligibility

Eligibility Determination;
Program Guidelines; and
Policy and Procedures



November 2016

Today's Agenda

- Hospital Presumptive Eligibility (HPE) review and background information
- The hospital's role – steps to determine HPE temporary eligibility
- HPE program guidelines
- OHA policy and procedures

Background Information

HPE REVIEW

Patient Protection and Affordable Care Act (ACA), Section 2202

- Allows voluntary participation for Medicaid-enrolled hospitals to:
 - Serve as HPE-determination sites
 - Determine eligibility for temporary medical assistance
- The state must allow any qualified and interested hospital that agrees to the terms of the program to participate

Why HPE?

- For consumers
 - Immediate, temporary medical coverage while full eligibility is being determined
 - A pathway to ongoing Medicaid coverage
- For hospitals
 - Reimbursement for covered services provided during the temporary coverage period even if the individual is ultimately determined ineligible for Medicaid/ CHIP
 - Opportunity to enroll community members in HPE as a path to ongoing eligibility, whether or not individuals are seeking hospital or medical services

Eligibility Groups and Income Guidelines

- Parent and Caretaker Relative (specific \$ limits)
- Pregnant Woman (through 185% FPL)
- Medicaid Child
 - Under age one (through 185% FPL)
 - Age one through 18 (through 133% FPL)
- CHIP Child
 - Under age one (above 185% through 300% FPL)
 - Age one through 18 (above 133% through 300% FPL)

Refer to OHA's *Quick Guide to Income Eligibility* at
<http://www.oregon.gov/oha/healthplan/tools/Quick%20Guide%20to%20Income%20Eligibility%20for%20HPE%20Determinations.pdf>

Eligibility Groups and Income Guidelines, continued

- Adult not eligible as Parent and Caretaker Relative (through 133% FPL)
- Individual (to age 26) formerly in Foster Care in Oregon (no FPL limit)
- Individual in the Breast and Cervical Cancer Treatment Program (BCCTP) (through 250% FPL)

Refer to OHA's *Quick Guide to Income Eligibility* at <http://www.oregon.gov/oha/healthplan/tools/Quick%20Guide%20to%20Income%20Eligibility%20for%20HPE%20Determinations.pdf>

Individuals that are NOT Eligible

Individuals are not eligible for HPE when:

- They already have Medicaid/ CHIP benefits
- HPE eligibility was active within the last 12 months;
- Applying for CAWEM emergency-only benefits;
- Over the age of 65;
- Receiving SSI benefits;
- Medicare-eligible; or
- Residing out-of-state

Refer to *The Hospital Presumptive (Temporary) Eligibility Process* at <http://www.oregon.gov/oha/healthplan/tools/Hospital%20Presumptive%20Eligibility%20Roles%20and%20Responsibilities%20Manual.pdf>

The HPE Coverage Period

Starts

Begins at midnight on the Date of Notice:

- The date the hospital determines temporary eligibility (if the person is not seeking services at the time); or
- The date the individual received a covered medical service, as long as the hospital submits the decision to OHA within five working days following the date of service

Continues

Temporary eligibility is in place until:

- OHA makes an eligibility determination (based on the full Medicaid/ CHIP application [OHA 7210], as long as the applicant submits the application by the last day of the month following the month of the HPE determination date; or
- The last day of the month following the month of the HPE Date of Notice (if the OHA 7210 is not submitted in time)

Only one period of HPE coverage is allowed in any 12-month period (calculated from the last day of the most recent prior period of HPE).

The HPE Coverage Period

HPE coverage begins	OHA 7210 received	OHP coverage decision	HPE coverage ends	OHP coverage begins
10/5/2016	10/15/2016	10/30/2016 (denied)	10/30/2016	N/A
10/5/2016	11/10/2016	11/25/2016 (approved)	11/24/2016	11/25/2016
10/5/2016	12/3/2016	12/10/2016 (approved)	11/30/2016	12/3/2016
10/5/2016	N/A	N/A	11/30/2016	N/A

Temporary HPE is in place until OHA makes a decision based upon the full OHP application or the last day of the following month.

HPE Coverage and Limitations

In general

- All OHP-covered services
- Including dental, vision and mental health

For pregnant women

- Labor and delivery are NOT covered (often covered retroactively if the woman is determined Medicaid-eligible)
- For women who apply while in labor, submit a full OHA 7210 on the first date medical benefits were provided

HPE newborns

- Not considered Assumed Eligible Newborns (AENs)
- Should be given a separate HPE determination
- May change to AEN if the mother is determined Medicaid-eligible

Determine HPE Temporary Eligibility

THE HOSPITAL'S ROLE

The Hospital's Role in HPE

- Identify individuals who may be eligible for Medicaid/ CHIP health coverage
- Make immediate temporary eligibility determinations
- Let applicants know
 - They must submit the full OHP application (OHA 7210 or OregonHealthCare.gov) by the last day of next month
 - An eligibility determination will be made; the individual will receive notice of approval or denial from OHP
- Provide the 7210, with “Hospital Presumptive” on front page, and offer or provide information/ resources for application assistance

Marketing HPE to Potential Clients

- List HPE in your directory (benefits or financial assistance)
- Include HPE directions in your signage
- Inform staff of HPE service and where to direct people
- Place HPE brochures in high-traffic areas (reception/ lobby/ waiting rooms; OHA will assist in developing materials)
- Contact your Regional Outreach Coordinator for more information on OHP application assistance

HPE Steps for Hospitals

1. Check the Provider Web Portal for current OHP eligibility
2. Complete Part One of the OHP 7260 (Application for HPE Eligibility)
3. Make HPE determination based on required information (Part One of the OHP 7260)
4. Notify the applicant
5. Notify OHP Customer Service (Branch 5503; OHP Processing Center)

1. Check for Current Eligibility

Check the Provider Web Portal (PWP) to see if the applicant is currently receiving Medicaid/ CHIP:

Applicant is listed in the PWP

- If Medicaid or CHIP coverage is active (benefit plans: BMH, BMD or BMM); **do not proceed with HPE determination**
- If the individual's benefit plan is ADMIN (this is not Medicaid or CHIP coverage); **proceed with HPE application**

Applicant is not listed in the PWP

- Proceed with HPE determination, unless the individual:
 - Presents a HealthCare.gov confirmation letter stating they are eligible for OHP; or
 - Has already submitted a 7210 application; contact the OHP Processing Center to expedite processing

2. Complete Part One of the OHP 7260

- Find the current *Application for Hospital Presumptive Eligibility* (OHP 7260; available in several languages): <http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>
- Use only information provided by the applicant or his/ her representative
- Do not require additional documentation or verification at the time of the HPE determination
- Document the hospital's decision and the date of decision on the OHP 7260 (if the person is seeking services, this should be the same date as the decision)

2. OHP 7260, Required Information

Information required for determination

- Applicant's full legal name
- Family size
- Household's gross monthly income
- Oregon resident? (Yes/ No)
- US citizen, US national or qualified non-citizen? (Yes/ No)
- Previous period of HPE? (Yes/ No)

If yes, when?

2. OHP 7260, Additional Information

Complete the following, if available

- Other medical coverage? (If a CHIP- or BCCTP-eligible individual has other private coverage, they will not be HPE-eligible)
- Pregnant? (Yes/ No)
 - If yes, pregnancy due date?
- In foster care in Oregon at age 18?
- Eligible for or receiving Medicare, SSI or any other Social Security-related benefits?

3. Make HPE Determination

Refer to the [Quick Guide to Income Eligibility](#) to help make the determination

- Always use the most recent version from the HPE website; income guidelines may change
- The guide offers the following guidance for each eligibility group:
 - What income to count in the applicant's family
 - Who to include in applicant's family size

4. Notify the Applicant

- Notify the applicant of hospital's HPE determination
- No appeals rights – HPE determinations are final

Applicant is HPE-eligible; provide the following

- OHP 3263A – Approval notice
- OHP 7260 – Copy of completed application
- OHA 7210 – Oregon Health Plan Application
- Application assistance or specific information/ resources on how to get assistance
- Information regarding timely submission of the OHA 7210

Applicant is HPE- ineligible; provide the following

- OHP 3263B – Denial notice
- OHP 7260 – Copy of completed application
- OHA 7210 – Oregon Health Plan Application
- Application assistance or information/ resources on how to get assistance with the application

OHP 3263A

Approval Notice for Hospital Presumptive Eligibility

Patient name: Jane Doe	
Patient SSN: ###-##-####	Date of birth: ####/##/##
Date of notice: 01/30/15	
Issued by: Oregon Hospital	

Client information

APPROVAL NOTICE FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL COVERAGE

Date of Notice

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for temporary health coverage through the Oregon Health Plan (OHP). This form will be your *proof of coverage* until you receive your Oregon Health ID card.

WHAT HAPPENS NEXT

We will mail you an Oregon Health ID card and letter about your health coverage. Please keep this card and coverage letter for the entire time you have coverage.

Temporary Medical Assistance will cover all services for which you are eligible under the OHP only while you are eligible.

Eligible dates are the date of notice through the application deadline

TO FIND OUT IF YOU CAN STAY ELIGIBLE AFTER YOUR TEMPORARY COVERAGE ENDS, YOU MUST APPLY FOR MEDICAL ASSISTANCE AS SOON AS POSSIBLE

The medical coverage you will receive is temporary, unless you take action.

- The hospital will give you an application and assist you to complete it, or give you a list of approved application assisters.
- If we do not receive your application by 02/28/15, your eligibility will stop on that day.
- If you are not found eligible for ongoing coverage your Presumptive Medical coverage will end effective the date the determination is made.

PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL

There is no right to appeal a presumptive eligibility decision.

Approving hospital and representative

Peter Pan	01/30/15
Authorized Signature	Date
Hospital Representative Name and Title:	Peter Pan, High Flyer
Hospital Representative Contact Information:	(541) 555-1212

OHP 3263B

Denial Notice for Hospital Presumptive Eligibility

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Hospital Presumptive Medical Program



Patient name:	
Patient SSN:	Date of birth:
Date of notice:	
Issued by: Hospital Name and Number	

DENIAL NOTICE FOR HOSPITAL PRESUMPTIVE (TEMPORARY) MEDICAL ASSISTANCE BENEFITS

WHY YOU ARE RECEIVING THIS NOTICE

You do **not** qualify for temporary health coverage through the Oregon Health Plan (OHP).
You can apply for health coverage at any time. You may qualify for other OHP health coverage.

TEMPORARY ELIGIBILITY DETERMINATIONS ARE FINAL

There is no right to appeal a temporary eligibility decision.

_____	_____
Authorized Signature	Date
Hospital Representative Name and Title: _____	
Hospital Representative Contact Information: _____	

5. Notify OHP Customer Service

Within five working days after the date of each HPE determination, fax the following documents (together) to OHP Customer Service: 503-373-7493

- Approval* or Denial notice (OHP 3263A or 3263B); and
- Completed HPE application (OHP 7260)

*For approvals only, when there is a need for prescriptions or immediate medical attention for a life-threatening condition, use OHA's secure email: hospital.presumptive@state.or.us

Next Steps

- HPE temporarily eligible members should be in the OHP system within one week after all forms are submitted
 - Verify member eligibility on the PWP
 - Submit claims for services once the member is verified eligible on the PWP
- If the HPE-eligible member is not in the PWP, hospitals may contact OHP Customer Service: 800-699-9075 (select the community partner option)

Hospitals may check status on the OHP application (7210):
Call 800-699-9075 or email OHP.OUTREACH@state.or.us

HPE Temporary Eligibility Process

THE OHA'S ROLE

The OHA's Role in HPE

- Confirms initial screening criteria
 - Hospital is a qualified hospital
 - Individual is not OHP-eligible, does not currently have HPE coverage, and has not had HPE coverage within 12 months
- When all criteria are met, OHA:
 - Accepts the hospital's determination
 - Enters the individual(s) into the MMIS (Medicaid Management Information System)
 - Sends the individual(s) ID card(s) and coverage letter(s)

NOTE: HPE decisions may not be reversed, or HPE eligibility terminated, retroactively.

The OHA's Role in HPE

- During the HPE-eligibility period, OHA:
 - Ensures HPE-eligible individual is not enrolled in coordinated care, or other managed care
 - Reimburses for all covered services on a fee-for-service (FFS) basis
- Prior to the end of the HPE-eligibility period, OHA will check for an OHP 7210 application
 - Application not on file: benefits end according to HPE end date
 - Application on file: staff will complete determination for ongoing eligibility, and enroll eligible individuals in coordinated care, if appropriate

HPE Temporary Eligibility Process

THE APPLICANT'S ROLE

The Applicant's Role in HPE and OHP Eligibility Determination

- Provide true and accurate information for the OHP 7260
- Submit an OHP 7210 application for OHP eligibility
 - If an approved individual wants continued eligibility after the HPE end date, the OHP 7210 must be submitted before HPE eligibility ends
 - If a denied individual wants a full eligibility determination, they can submit an OHP 7210 at any time

OHA-Hospital Accountability Partnership

DATA REQUIREMENTS AND ACCOUNTABILITY

Hospital Data Requirements

- Maintain records for three years
- Submit HPE data quarterly, including numbers of:

Eligibility determinations completed (OHP 7260)	Hospital patients
	Non-patients
Approval notices issued (OHP 3263A)	Hospital patients
	Non-patients
Denial notices issued (OHP 3263B)	Hospital patients
	Non-patients
Applicants provided full application (OHA 7210)	Hospital provided direct assistance
	Hospital provided specific assister contact
	Hospital provided 7210 only

OHA Reminders and Data Submission

- OHA will send out a reminder, with a reporting form, just after the quarter has ended
- Hospitals are required to submit their data for the three-month period by the middle of the second month following the end of the quarter

Period covered	Report due
First Quarter (January – March)	May 13, 2016
Second Quarter (April – June)	August 12, 2016
Third Quarter (July – September)	November 11, 2016
Fourth Quarter (October – December)	February 10, 2017

OHA's HPE Recordkeeping

OHA is required to track

- Number of applicants who:
 - Submitted the OHA 7210 timely;
 - Were determined eligible for OHP; and
 - Were determined ineligible for OHP
- HPE-related claims and payments for individuals found:
 - Eligible for Medicaid/ CHIP; and
 - Ineligible for Medicaid/ CHIP

OHA's HPE Standards

OHA's HPE program has proposed the following standards:

Quality Standard	Criteria
90% of HPE-approved applicants	Received an OHA 7210 and application assistance
	Received an OHA 7210 and information on resources for application assistance
90% of the time	The hospital accurately determined the applicant did not have current Medicaid/ CHIP
90% of the time	The hospital accurately determined the applicant did not receive HPE within the past 12 months
75% of all approved applicants	Submit an OHA 7210 within the prescribed timeframes
75% of all approved applicants who submit a full application	Are found eligible for Medicaid/ OHP benefits

OHA's Proposed Sanctions and Disqualification

If prescribed standards are not met for a period of one calendar quarter, OHA will establish with the hospital a Plan of Correction, describing:

- Targets and timelines for improvement;
- Steps to be taken in order to comply with the performance standards;
- How additional staff training would be conducted, if needed;
- Estimated time to achieve the expected performance standards (\leq three months); and
- How outcomes would be measured

OHA's Proposed Sanctions and Disqualification

- OHA may impose additional correction periods, as appropriate
- If targets are not met, OHA may disqualify a hospital from making HPE-eligibility determinations

Resources, Contacts and Q&A

RESOURCES

HPE Contacts and Information

HPE information, forms and guidance:

<http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>

Urgent approvals (OHA 7260), send to:

Hospital.presumptive@state.or.us

OHA 7210 application status and application processing information:

ohp.outreach@state.or.us

800-699-9075 (select “Community Partners” option)

Program and policy questions or training needs:

Provider Services Unit

dmap.providerservices@state.or.us

800-336-6016